



Arkansas Department of Health, Section of EMS Upgrade/Downgrade Temporary License

Complete for Approval according to current EMS Rules

Service Name: _____ County: _____

Service License Number (three-digit number from wall certificate- not applicable to new registrants) _____

Unit Number: _____

Vin Number: _____

Upgrade or Downgrade: _____

Permit Number: _____

Choose One

Reason for request: ☐ Mechanical Reason, describe _____

☐ Staffing Reason

Choose one:

☐ Upgrade
All required ALS equipment has been placed on the permitted unit.

☐ Downgrade
All Narcotics have been removed from the permitted unit.

Signature _____

Date _____

*Please sign and fax or email to the Section of EMS, adhems@arkansas.gov, or 501-280-4901.
Once your unit has return to the original permitted status, please send an up/downgraded form to the Section of EMS.*

Section of EMS use only

Signature of EMS Specialist with Section of EMS:

If, for any reason, an upgraded or downgraded unit remains in service for longer than 30 days, submit correspondence to the Section. Please sign and fax or email to the Section of EMS attention Regulatory at 501-280-4901 or ADHEMS@arkansas.gov.

Expirations Date:

DO NOT OPERATE PAST EXPIRATION DATE UNLESS YOU HAVE RETURNED TO ORIGINAL LICENSURE LEVEL OR REQUESTED FOR ADDITIONAL DATES BY THIS OFFICE

PLACE THIS DOCUMENT IN YOUR REAR LEFT WINDOW